MEDICAID PROGRAM

IRREVOCABLE WAIVER OF POLICY RIGHTS	
Name of Insured/Annuitant	Name of Insurance Company
Case Number/SSN	Contract Number of Policy/Annuity
shall not exceed the value of the pre-need funeral contract. of said funeral services and/or merchandise will not be executed as a coordance with applicable Medicaid policy, I hereby irrevalues to insurance policy/annuity: 1. The right to surrender the policy for cash; 2. The right to obtain a loan against the policy; 3. The right to change the ownership of the policy. Notwithstanding the above, the designated owner shall enjoy insurance including, but not limited to, the right to change	vocably waive the following enumerated rights which are included in the by all other emoluments of ownership with respect to the aforesaid policy the beneficiary. The cash surrender value of the policy will immediately become a countable asset.
attach an original of this document to its copy of the insurangreement.	nce contract in order that same may become a condition of that insuring
Name of Policy owner, if other than insured	
Signature of Policy owner/Certificate holder/Annuitant or Owner of An	nnuity Date
thisof, By:(Compa	